

STATEMENT OF CLAIM (UCC-5)

The filing of this statement of claim does not affect the effectiveness of an initial financing statement or other filed record.

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF PERSON FILING THIS STATEMENT [optional]	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; border: 1px solid black; width: 50%; height: 50%;"></div> <div style="position: absolute; top: 0; right: 0; border: 1px solid black; width: 50%; height: 50%;"></div> <div style="position: absolute; bottom: 0; left: 0; border: 1px solid black; width: 50%; height: 50%;"></div> <div style="position: absolute; bottom: 0; right: 0; border: 1px solid black; width: 50%; height: 50%;"></div> </div>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. Identification of the RECORD to which this STATEMENT OF CLAIM relates.

1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. RECORD INFORMATION TO WHICH THIS STATEMENT OF CLAIM RELATES
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2a. RECORD is inaccurate.

Provide the basis for the belief of the person identified in item 4 that the RECORD identified in item 1 is inaccurate and indicate the manner in which the person believes the RECORD should be amended to cure the inaccuracy.

2b. RECORD was wrongfully filed.

Provide the basis for the belief of the person identified in item 4 that the RECORD identified in item 1 was wrongfully filed.

3. If this STATEMENT OF CLAIM relates to a RECORD filed [or recorded] in a filing office described in Section 9-501(a)(1) and this STATEMENT OF CLAIM is filed in such a filing office, provide the date [and time] on which the INITIAL FINANCING STATEMENT identified in item 1a above was filed [or recorded].

3a. DATE	3b. TIME
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4. NAME OF PERSON AUTHORIZING THE FILING OF THIS STATEMENT OF CLAIM — The RECORD identified in item 1 must be indexed under this name.

4a. ORGANIZATION'S NAME			
OR			
4b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

Instructions for UCC Statement of Claim (Form UCC-5)

Failure to follow all instructions may result in the rejection of your filing

1. You must type or laser print this form.
2. You must use the current forms made available through our website.
3. Individual payment must accompany each filing. We are not able to use one check for multiple filings.
4. To receive an acknowledgement* of your filing you **must** complete the "Send Acknowledgement To" section on the filing form.

and either:

a. **For email acknowledgement:** Submit a completed "Filing Submission" form with each document listing your email address,

or

b. **For mailed acknowledgement:** Enclose a self-addressed stamped envelope.

* An acknowledgement of your filing is not a copy of your filing. Customers may request a copy of a filing by using the UCC-11 form or by performing a search through the online system. All online filers will receive an email acknowledgement copy of their actual filing.

5. Send completed documents with the filing submission form and all applicable fees to:
SC Secretary of State's Office -UCC Division
1205 Pendleton Street, Suite 525
Columbia, SC 29201

Please fill in the form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. The filing office cannot give legal advice. Do not insert anything in the open space in the upper portion of this form; it is reserved for filing office use. **Please do not put your Social Security number on the form - UCC filings are public records**

ITEM INSTRUCTIONS

- A and B. To assist filing offices that might wish to communicate with filer, filer may provide information in item A and item B. These items are optional.
- C. Complete item C if you want an acknowledgment sent to you.
- General You must always complete items 1 and 4 and either 2a or 2b. You may also be required to complete item 3.
- 1a. **File number:** Enter file number of initial financing statement to which the Record that is the object of this Statement of Claim relates. Enter only one file number.
- 1b. Enter record information to which this Statement of Claim relates. Indicate the type of Record to which this Statement of Claim relates (e.g., Financing Statement or Amendment) or you may also insert additional information that you believe will assist in identifying the Record (e.g., the Record file number or the filing date of the Record).
- 2a. If this Statement of Claim is filed based on the filer's belief that the Record identified in item 1 is inaccurate, check box 2a, provide the basis for that belief, and indicate the manner in which the Record should be amended to cure the inaccuracy.
- 2b. If this Statement of Claim is filed based on the filer's belief that the Record identified in item 1 was wrongfully filed, check box 2b and provide the basis for that belief.
3. If this Statement of Claim relates to a Record filed [or recorded] in a filing office described in Section 9-501(a)(1) and this Statement of Claim is filed in such a filing office, provide the date [and time] on which the initial financing statement identified in item 1a above was filed [or recorded].
4. Always enter name of the person who authorized the filing of this Statement of Claim.
This name must be the same as the name under which the Record is indexed.